

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/585329

FILING DATE

APPLICANT(S)

Act. 34

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2		/		/		/	52						
3		2				/	53						
4			1			/	54						
5				1		/	55						
6					1	/	56						
7						1	57						
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19							69						
20		1					70						
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26				1			76						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		/		/		TOTAL IND.						
TOTAL DEP.	29	←	30	←		←	TOTAL DEP.						
TOTAL CLAIMS	30		31				TOTAL CLAIMS						